Approved for use through 7/31/2006, OMB 0661-0032 U.S. Patent and Tradement Office; U.S. DEPARTMENT OF COMMERCE 1995, no persons are required to respond to a collection of information unless it displays a wast CMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004								Application of the property of		
APPLICATION AS FILED - PART I					lumn 2)		ENTITY	OR	OTHER THAN SMALL ENTITY	
	FOR	HUMB	ER FLED	NUMBE	REXIRA	RATE (S)	FEE (I)		RATE (S)	FEE (1)
BAS	C FEE	tesi	N/A		H/A	N/A	150.00		N/A · .	300.00
SEA	RCH FEE	1	N/A		NIA		\$250	·	· N/A	\$500
EXA	MINATION FEE		NA		NIA		\$100	]	N/A	·\$200
Tat	AL CLAMS OFR 116(d)		minus 20 •		•	X\$ 25 .		oik	X\$50 .	
MO	EPENDENT CLA DER 1 16(N)	IMS	minus 3 *			X100 .	·		X200 .	
APP FEE	LICATION SIZE	sheets of ts \$250 (	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
MÙI	TIPLE DEPEND	. +160=			+360=					
* If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		] , ;	TOTAL .	
MENDMENT A	Total care care care	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3): PRESENT EXTRA	RATE (6)	ADDI- TIONAL FEE (5)	OR OR	RATE (8)	ADDI- TIONAL FEE (5)
2	Independent COFFR LIENS	5	Minus	÷ 5	1.0	X100 _	<del>                                     </del>	OR.	X200 -	<i> </i>
¥	Application Stre Fee (37 CFR 1.16(s))					4180=			+360=	H
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(8))  (Column 1) (Column 2) (Column 3)						TOTAL ADD'L FEE		OR OR	TOTAL ADD'L FEE	<u> </u>
NOMENT B	10/30/06	(Column 1)  CLAIMS  REMAINING  AFTER.  AMENOMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (1)	ADDI- TIONAL FEE (5)		RATE (S)	ADDI- TIONAL FEE (\$)
	Total cress	٠ 20	Minus	<b>-</b> 20	<b>O</b>	X\$ 25 .		OR.	X\$50	
	Independent (SF CFR L16p.l)	• 5	Minus ·	<b>-</b> .5.	.0	X100		OR .	X200 -	
	Application Stre Fee (37 CFR 1.16(s))					}				<u> </u>
	FIRST PRESENTATION OF MALTIFLE DEPENDENT CLAIM (37 CFR 1.160)					+180a C	1	OR	+360=	
						TOTAL ADDLIFEE		OR	ADD'L FEE	,
. a	a 44 AL . 10 P. L	I Company description	Paid For	y in column 2, wife IN THIS SPACE IN THIS SPACE I	s less than 3, 6	mier 3".	the envisedal		nofu <b>ma 1</b>	

The Highest Number Proviously Pald For (Total or Independent) is the highest number found in the appropriate box in column 1.

In obsertion of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete.

PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Any comments buding gathering, preparing, and submitting the completed application form to the USPTO. Time will sury depending upon the individual case. Any comments buding gathering, preparing, and submitting the complete information of surgestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent the amount of time you require to complete the complete.

The Time will sure appropriate the public and the providence of the U.S. Patent the providence of the U.S. Patent the providence of the public and the public and the providence of the public and the public

If you need assistance in completing the form; cell 1-800-PTO-9199 and select option 2.